

## FAX TRANSMITTAL SHEET

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Freescale Semiconductor, Inc. A Motorola Subsidiary Law Department 7700 W. Parmer Lane MD: TX32/PL02 Austin, TX 78729

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9 <sub>Nu</sub>

Number of Pages (including this page)

Date:

February 2, 2006

To:

Dung Anh Le - 2818

Location:

United States Patent and Trademark Office

Fax No.:

(571) 273-8300

From:

David G. Dolezal - 41,711

Subject:

10/670,928 - Chun-Li Liu et al

Attny Docket No. SC12851ZP

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MESSAGE: Enclosed herewith, please find an INFORMATION DISCLOSURE STATEMENT for filing in the below-identified application.

LL ITEMS MARKED WITH AN "X" ARE INCLUDED:

| ALL II | EM2 | WARRED WITH AN A MRERICEDEED.                                 |
|--------|-----|---------------------------------------------------------------|
| 1.     | X   | 1 page Facsimile Cover Sheet                                  |
| 2.     | Х   | 3 page Information Disclosure Statement                       |
| 3.     | Х   | 1 page Fee Transmittal Form (in duplicate)                    |
| 4      | X   | 1 page Form PTO/SB/08 with 2 page International Search Report |

Paid by Deposit Account: 503079 \$180

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING FACSIMILE TRANSMITTED TO THE PATENT AND TRADEMARK OFFICE:

on: <u>2/2/06</u>

Date

No

PLEASE GIVE THESE PAPERS TO:

EXAMINER: Dung Anh Le GROUP ART UNIT: 2818 SERIAL NO.: 10/670,928 FILED: September 25, 2003 INVENTOR: Chin-Li Liu et al

|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |              |             | Com          | plete if      | Known                                                                         |                                                  |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------|-------------|--------------|---------------|-------------------------------------------------------------------------------|--------------------------------------------------|
| FEE                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Application Nu   | mber         | 10/67       | 70,928       | 8             |                                                                               |                                                  |
| TRANSMITTA                                         | <b>AL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Filing Date      |              |             |              | 25, 200       | RECEIVED                                                                      | NTER                                             |
| Patent fees are subject to ann                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | First Named In   | ventor       | Chin-       | Li Liu       | 1             | CENTRAL FAX CE                                                                |                                                  |
| Applicant claims small entity state                | us. See 37 CFR 1.27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Examiner Nam     |              | Dung        | Anh I        | Le            | FEB 0 2 20                                                                    | 06                                               |
|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Group Art Unit   |              | 2818        |              |               |                                                                               |                                                  |
| TOTAL AMOUNT OF PAYMENT                            | (\$) 180                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Attorney Dock    |              | SC12        | 351ZP        |               | -                                                                             |                                                  |
| METHOD OF PAYMEN                                   | IT (check all that appl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |              |             | FE           | CALC          | CULATION (continued)                                                          |                                                  |
|                                                    | Noney Order Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | None             | 3. ADD       | TIONAL      | FEES         |               |                                                                               | 1                                                |
|                                                    | ioney order orner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  | Larg<br>Enti |             | Sm<br>Ent    |               |                                                                               |                                                  |
| X Deposit Account:                                 | F00070                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <del></del>      | Fee          | ¥<br>Fee    | Fee          | Fee           |                                                                               |                                                  |
| Deposit Account Number Deposit Account Name        | 503079<br>FREESCALE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  | Code         | <b>(S)</b>  | Code         | (S)           | Fee Description                                                               |                                                  |
| D C POCAL P ACCESANT ACCESANT                      | SEMICONDUCTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | , INC.           |              |             |              |               |                                                                               |                                                  |
| The Director is authorized to: (check all that     | apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  | 1051         | 130         | 2051         | 65<br>25      | Surcharge – late filing fee or oath<br>Surcharge – late Provisional filing    | <del></del>                                      |
| X Charge fee(s) indicated below                    | X Credit any ov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | verpayments      | 1052<br>1053 | 50<br>130   | 2052<br>1053 | 130           | Non-English specification                                                     |                                                  |
| X Charge any additional fee(s) dur                 | ing the pendency of this ap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | plication        | 1812         | 2520        | 1812         | 2520          | For filing a request for ex parte<br>Reexamination                            |                                                  |
| Charge fees(s) indicated below,                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | the .            | 1804         | 920*        | 1804         | 92 <b>0</b> ° | Requesting publication of SIR prior to<br>Examiner action                     |                                                  |
| above-identified deposit account                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  | 1805         | 1840*       | 1805         | 1840°         | Requesting publication of SIR after<br>Examiner action                        |                                                  |
| EEE CALC                                           | CULATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  | 1251         | 120         | 2251         | 60            | Extension for reply within first month                                        | <b>  </b>                                        |
| TEL OFFICE                                         | , O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L / ( ) O L |                  | 1252         | 450         | 2252         | 225           | Extension for reply within second month                                       | <b></b>                                          |
|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  | 1253         | 1020        | 2253         | 510           | Extension for reply within third month                                        | <b>-</b>                                         |
| 1. BASIC FILING FEE                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  | 1254         | 1590        | 2254         | 795           | Extension for reply within fourth month                                       | <b>—</b>                                         |
|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  | 1255         | 2160        | 2255         | 1080          | Extension for reply within lifth month                                        |                                                  |
| Large Entity Small Entity                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  | 1401         | 500         | 2401         | 250           | Notice of Appeal  Filing a brief in support of an appeal                      | <del>                                     </del> |
| Fee Fee Fee Fee                                    | E.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ee Paid          | 1402<br>1403 | 500<br>1000 | 2402<br>2403 | 250<br>500    | Request for oral hearing                                                      |                                                  |
| Code (\$) Code (\$)<br>1011 300 2011 150           | Utility filing fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ee Paid          | 1403         | 1000        | 2400         | 500           | Petition to institute a public use                                            |                                                  |
| 1111 500 2111 250                                  | Utility search fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  | 1451         | 1510        | 1451         | 1510          | proceeding                                                                    |                                                  |
| 1311 200 2311 100                                  | Utility Exam fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  | 1452<br>1453 | 110<br>1370 | 2452<br>2453 | 55<br>685     | Petition to revive - unavoidable<br>Petition to revive - unintentional        | $\vdash$                                         |
| 1002 300 2002 175                                  | Design filing fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <del></del> [    | 1501         | 1400        | 2501         | 700           | Utility issue lee (or reissue)                                                |                                                  |
| 1003 550 2003 275<br>1004 790 2004 395             | Plant filing fee Reissue filing fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | —                | 1502         | 490         | 2502         | 245           | Design Issue fee                                                              |                                                  |
| 1004 790 2004 395<br>1005 200 2005 100             | Provisional filing fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <del></del> {    | 1503         | 660         | 2503         | 330           | Plant issue fee                                                               |                                                  |
| 1003 200 200                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  | 1460         | 130         | 1460         | 130           | Petitions to the Commissioner                                                 | <b></b>                                          |
|                                                    | SUBTOTAL (1) (S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  | 1807         | 50          | 1807         | 50            | Processing fee under 37 CFR 1.17(q)                                           | <b></b>                                          |
| 2. EXTRA CLAIM FEES                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  | 1806         | 180         | 1806         | 180           | Submission of IDS                                                             | 180                                              |
| Previously                                         | Extra Fee from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | 8021         | 40          | 8021         | 40            | Recording each patent assignment<br>per property (times number of properties) |                                                  |
|                                                    | = Claims below<br>= X 50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Fee Paid         | 1809         | 790         | 2809         | 395           | Filing a submission after final rejection (37 CFR § 1.129(a))                 |                                                  |
| Independent Claims 3                               | = X 200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  | 1810         | 790         | 2810         | 395           | For each additional invention to be examined (37 CFR § 1.129(b))              |                                                  |
| Multiple Dependent<br>Large Entity Small Entity    | 360                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | =                | 1801         | 790         | 2801         | 395           | Request for Continued Examination                                             |                                                  |
| Fee Fee Fee Fee<br>Code (S) Code (S)               | Fee Descripti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ion              | 1802         | 900         | 1802         | 900           | (RCE) Request for expedited examination                                       |                                                  |
| 1202 50 2202 25 CI                                 | alms in excess of 20<br>dependent claims in excess of 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  | Other fee    | e (specify) |              |               | of a design application                                                       | ,                                                |
| 1203 360 2203 180 Mi                               | ultiple dependent claim, if not p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | a <b>ld</b>      | <u> </u>     |             |              |               |                                                                               |                                                  |
| 1204 68 2204 44 *8                                 | Reissue Independent claims over                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | er onginai patem | <del></del>  |             |              |               |                                                                               |                                                  |
|                                                    | teissue claim<br>in excess of 20 and over origina                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ai patent        |              |             |              |               |                                                                               |                                                  |
| or number previously paid, if greater, For Reissue | SUBTOTAL (2) (5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  | * Reduc      | ed by Ba    | sic Filing   | j Fee Pai     | SUBTOTAL (3) (S) 180                                                          |                                                  |
| SUBMITTED BY                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |              |             |              |               | Complete (il applicable)                                                      |                                                  |
|                                                    | . Dolezal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  | Registra     | ation No.   | 41,7         | 111           | Telephone / (512) 996                                                         | 6-6839                                           |
| 1/1/                                               | _ 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |              |             |              |               | Date 1/2/16                                                                   |                                                  |
| Signature                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |              |             |              |               |                                                                               |                                                  |

## RECEIVED

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**CENTRAL FAX CENTER** 

Applicants: Application No.: Date Filed: Title:

P.O. Box 1450

**COPIES** 

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Chun-Li Liu et al 10/670,928 September 25, 2003 Group Art Unit: Examiner: Docket No.:

Dung Anh Le SC12851ZP

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SOI TEMPLATE LAYER Certificate of Transmission under 37 CFR 1.8 I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office. Signature Dora Hudgins Printed Name of Person Signing Certificate INFORMATION DISCLOSURE STATEMENT (IDS) Commissioner For Patents Alexandria, VA 22313-1450 In accordance with 37 C.F.R. §1.56 and in compliance with 37 C.F.R. §§1.97 and 1.98, the references listed on attached Form PTO/SB/08 and/or subsequently identified herein, are being submitted herewith for consideration by the United States Patent and Trademark Office. The Office hereby waives the requirement under 37 CFR 1.98 (a)(2)(i) for submitting a copy of each cited U.S. patent and each U.S. patent application publication for all U.S. national patent applications filed after June 30, 2003 and for all international applications that have entered the national stage under 35 USC § 371 after June 30, 2003. See 37 CFR 1.491(b). A legible copy of (i) each U.S. and foreign patent; (ii) each publication or that portion which caused it to be listed; and (iii) all other information or that portion which caused it to be listed, is included herewith. Any patents, publications or other information which are listed on PTO/SB/08 which are not enclosed herewith were previously cited by or submitted to the PTO in one of the following applications which has been relied upon for an earlier filing date under 35 U.S.C. §120: U.S. Filing Date U.S. Serial Number CONCISE EXPLANATION OF THE RELEVANCE (check at least one box) Except as may be indicated below in (b) of this section, all of the patents, publications or other information are in the English language (concise explanation not required). A concise explanation of the relevance of all patents, publications or other information listed that is not in the English language is as follows: The following additional information is provided for the Examiner's consideration:

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| III. 🔀 | The Exa                                              | REFERENCE TO RELATED miner is advised that the foll ent application. By bringing a confidentiality provisions of                                                                                                                                                                                                                                       | lowing co-pending applica<br>this (these) applications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ation(s) contain(s) subject matter that may be to the Examiner's attention, Applicant(s) d                                                                                                                                                                                                                                                            | e related to<br>loes(do) not                                                                                                                           |
|--------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
|        | <u>Serial No</u><br>10/919,9<br>10/919,9<br>10/919,7 | 22<br>52                                                                                                                                                                                                                                                                                                                                               | Filing Date<br>August 17, 2004<br>August 17, 2004<br>August 17, 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>Art Unit</u><br>2812<br>2812<br>2812                                                                                                                                                                                                                                                                                                               |                                                                                                                                                        |
|        |                                                      |                                                                                                                                                                                                                                                                                                                                                        | FEES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                        |
| IV. 🗀  | THIS IDS<br>a                                        | under § 1.53(d) (37 C.F.R. within three months of the application (37 C.F.R. §1.9) before the mailing date of a required                                                                                                                                                                                                                               | filing date of a national ap<br>§1.97(b)(1)). No fee or sta-<br>date of entry of the nator<br>7(b)(2)). No fee or statem<br>a first Office Action on the<br>artirst Office Action after the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | oplication other than a continued prosecution tatement is required.  Itional stage as set forth in § 1.491 in an ment is required.  Itiomal ment is required in the filling of a request for continued examina | international statement is                                                                                                                             |
| V. 📑   | before th                                            | or an action that otherwise cl                                                                                                                                                                                                                                                                                                                         | inal Office Action under 3<br>oses prosecution in the ap<br>narge Deposit Account <b>50</b> 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | cone box)<br>37 C.F.R. §1.113, a Notice of Allowance und<br>pplication (See 37 C.F.R. §1.97(c)).<br>3079, Freescale Semiconductor, Inc. the fo                                                                                                                                                                                                        |                                                                                                                                                        |
| VI. 🛛  | THIS IDS<br>on or be<br>1)<br>2)                     | S IS BEING FILED UNDER 3<br>fore payment of the issue fee<br>a statement under 37 C.F.F<br>charge Deposit Account 50                                                                                                                                                                                                                                   | e and is accompanied by the accompanied by the and is accompanied by the a | the following:<br>elow, and<br>anductor, Inc. the petition fee set forth in §1                                                                                                                                                                                                                                                                        | .17(p).                                                                                                                                                |
| VII. ⊠ | STATEM The und a.  b.  c.                            | counterpart foreign application item of information concounterpart foreign application reasonable inquiry, no item C.F.R. 1.56(c) more than it some of the items of informoffice. As to this informatic cited in a communication from this prior to the filing of item of this remaining information of the counterpart for making reasonable inquires | ontained in the IDS was cition not more than three material tained in the IDS was cition, and to knowledge of information contained in the IDS was cition, and to knowledge of information contained in the IDS on, the undersigned state from a foreign Patent Office of this IDS. As to the remarmation contained in the IDS are the remarkable that the IDS are the I | ited in a communication from a foreign Pate<br>months prior to the filing of IDS; or<br>ed in a communication from a foreign Pater<br>e of the person signing the statement of<br>I in the IDS was known to any individual des                                                                                                                        | nt Office in a<br>after making<br>signated in 37<br>oreign Patent<br>the IDS was<br>ore than three<br>states that no<br>oreign Patent<br>atement after |
| VIII.  | PAYME                                                | NT OF FEES  A check in the amount of _ Please charge Deposit Acc the above-indicated fee(s).                                                                                                                                                                                                                                                           | count No. 503079, Freesc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | for the above-identified fee(s).<br>cale Semiconductor, Inc. in the amount of S                                                                                                                                                                                                                                                                       | \$180.00 for                                                                                                                                           |

References

Other: International Search Report

| $\boxtimes$                                          | If Applicant has overlooked any additional fees, of hereby authorized to credit or debit Deposit According to the control of t | or if any overpayment has been made, the Commissioner is bunt 503079, Freescale Semiconductor, Inc.                                                                          |
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|                                                      | Two Copies of this paper are attached for Depos                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | it Account charges and debits.                                                                                                                                               |
| statutory prior art                                  | ove references are being cited only in the interest<br>or contain matter which anticipates the invention of<br>person of ordinary skill in the art.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ts of candor and without any admission that they constitute<br>or which would render the same obvious, either singly or in a                                                 |
| determined that the                                  | his IDS has been filed under the wrong rule, the I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | , he/she is requested to contact the undersigned. If it is PTO is requested to consider this IDS under the proper rule sit Account No. 503079, Freescale Semiconductor, Inc. |
| FREESCALE SEN<br>A Motorola Subsic<br>Customer Numbe |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Respectfully submitted, Chun-Li Liu et al  David G. Dolezal Attorney for Applicant(s) Red. No. 41,711                                                                        |
| Customer Number                                      | 1 23123                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Tel. (512) 996-6839                                                                                                                                                          |
| Enclosures                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                              |

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| Substitut             | e for form 144 | PAPIO                |                    |      |       | Application Number                               |             | 10/670,928                         |                                                                              |
| INFOR                 | MATION D       | ISCLOSURE            |                    |      |       | Filing Date                                      |             | September                          | 25, 2003                                                                     |
|                       |                | APPLICANT            |                    |      |       | First Named Inventor                             | <del></del> | Chun-Li Liu                        | et al                                                                        |
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|                       |                |                      |                    |      |       |                                                  |             |                                    |                                                                              |
|                       |                |                      |                    |      |       | S. PATENT DOCUMENTS                              |             |                                    | Delayant                                                                     |
| Examiner<br>Initials* | Cite No.       | U.S. Pater<br>Number | nt Docum<br>Kind C | ode² | Na    | me of Patentae or Applicant<br>of Cited Document | Cited D     | ublication of<br>ocument<br>D-YYYY | Pages, Columns, Lines, Where Relevant<br>Passages or Relevant Figures Appear |
|                       | DA             | 6,465,316            |                    | B2   | Hatto | ori, et al.                                      | 10-15-2     | 002                                |                                                                              |
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| Examiner Initials*  Cite No. 1 Offices Number 4 Kind Code2 (if known)  Occument Name of Patentee or Applicant of Cited Document MM-DD-YYYY  Relevant Figures                                                                                                                                                                                                                           | assages or       |
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| OTHER PRIOR ART – NON PATENT LITERATURE DOCUMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |
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<sup>&</sup>lt;sup>1</sup> Unique citation designation number. <sup>2</sup> See Kinds of U.S. Patent Occuments. <sup>3</sup> Enter Office that issued the document, by the two-letter code (WiPO Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WiPO Standard ST. 16 if possible. <sup>6</sup> Applicant is to place a check mark here if English Language Translation is attached.